R			

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

	eport Filed By Candid Mark X)	late	Committee		Lobbyist
Name of Filing Committee, Candidate or	A STATE OF THE PROPERTY OF THE PARTY OF THE			<u> ~ </u>	
Street Address	Committe to		OM TO CAR	Ney	
city ERIE	4213 DOM / State	NION DR	Zip Code / , ,	<u></u>	<u>.</u>
Type of Report (Place x under report type)		T IT	10	510	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-1	5 th Tuesday 5-2 nd Friday	6: 30 Day Post	7- Annual Special 2	" Friday	Special 30 Day
Pre-Primary Pre-Primary Primary Pre	- Election Pre- Election	Election	Pre-Elect	ion	Post-Election
	L X				
Date Of Election "Ye (MM/DD/YYYY)	ar	Amendment Report	Terminat Report	ion	
Summary of Receipts and From Date	To Date	Appelle salve at the salve To the second salve at the	For Office Use	Only	
Expenditures 8/25/17	10/23/17		49		
A. Amount Brought Forward From Last Report	\$ 1.756.81			Statistic Value	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1875.00	-			
G: Total Funds Available (Sum of Lines A and B)	\$ 2/3/6/				:
D. Total Expenditures	\$ 1/162 61			market .	~
(From Schedule III) E. Ending Cash Balance	\$ 2226			3_	
(Subtract Line D from Line C) F: Value of In Kind Contributions Received)	\$ 2,229.11				3
(From Schedule II) G. Unpaid Debts and Obligations	\$ - 00			60 E	Service
(From Schedüle IV)	2,000.			ØĘ.	T .
Part 1- If this is a Committee report, treasurer sign here. If	Affidavit Se this is a Candidate report, ca	and the second			153
I swear (or affirm) that this report, including the attached Sworn to and subscribed before me this	schedules on paper, is to the	best of my knowledg	e and belief true, correct a	nd complet	·
30th day of October 20 17	·1 -	Dur bar	Atken		
Jana R. Wright	_	Signature of 13ARbr) 162	
Signat NOTARIAL SEAL LANAR. WRIGHT, NOTARY PUBL My Commission expites	ıc . I	<i>5</i> 111	Printed Name 453	9-723	.5
MY COMMISSION EXPIRES ON MARCH 19, 201	·	area Code	Daytime Telepho	ne Numbe	r
Part II- If this is a report of a Candidate's Authorized Comm	nittee, candidate shall sign he	ere.			
I swear (or affirm) that to the best of my knowledge and be amended.	ellet this political committee l	nas not violated any p	provisions of the Act of June	3, 1937 (F	P.L. 1333, NO.320) as
Sworn to and subscribed before me this		10			
30th day of October 20 17	·	Than	us Can	^	
Signatu NOTARIAL SEAL	-, j · –	THOM	ture of Candidate	Y _	
I ANA D MODOUT MOTOR SHOW	IC C	R14 "	inted Name	' - QU	'04
My Commission explaine, ERIE COUNTY, PENNA. MY COMMISSION EXPIRES ON MARCH 19, 20	18 A	rea Code	Daytime Telephon	e Number	-7-
	i 				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer dentification Number	a eller er gegen geleger i Galler (1920), egelek a de letter	<u> Service de la proposición de la constanta de</u>	<u>art daard meet ja ja teen ja taaren elisti tii 1997 (h. 1897), heere meet ja ja ja ja ja 1992</u>
Filer Identification Number 82 06/8045			
And the state of t	and the stage of the present of the stage of the stage of	of the state of th	The Residence to the Colores of the

			a Bernaus parent i Valle i et er general et al general et et en
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		e S	
Contributions Received from Political Committees (Part A)		\$	200.00
All Other Contributions (Part B)		\$	450.00
Total for the reporting period	(2)	\$	200.00 650.00 1,010.00
3. Contributions Over \$250.00 (From Part C and Part D)	The rest		
Contributions Received from Political Committees (Part C)		\$	1,000.00
All Other Contributions (Part D)		\$	1
Total for the reporting period	(3)	\$	2860.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	2,860 00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number	and the support of the property of the propert
as a comment	
	· · · · · · · · · · · · · · · · · · ·
The state of the s	<u>- </u>
	the state of the second
	The state of the s

Full Name of Contributors	and the first of the second
STEAM+IHERS LOCAL 449 PAC FUND	10/24/17 500.00
	Date [MM/DD/YYYY]
City PHSburgh State PA Zip Gode 15720-	Date [MM/DD/YYYY] \$
Employer Name SEmployer Mailing Address /	Occupation
Reincipal Place of Business	
Full Name of Contributor Plumbers Local 27 MARTIN OTOOLE	Date [MM/DD/YYYY] \$ 500.00
House # 1040 Street Address Montour West Gity: Corrolls State: PA Zip:Gode: 15108	Date MM/DD/YYYY] S
Coraopolis State PA Zip:Gode 15108	Date [MM/DD/YYYY] \$
	Occupation :
Employer-Mailing-Address // Principal Place of Business	Historian And The College Coll
Full Name of Contributor	Date [MM/DD/YYXY] S
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code :- Employer Name	Date [MM/DD/YYYY]
Employer Mailing Address /	Occupation
Rincipal Place of Business	
JFull Name of Contributor	Date:(MM/Db/XXXX)
House # Street-Address	Date (MM/DD/YYYY)
Gity State Zip Code	Date [MM/DD/YYYY] \$5
Employer:Name Employer:Mailing Address // Principal Place of Business	Occupation

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 40 061 40.45	and the angree production and a straightful and the straightful an	Lander V

the state of the s	Marine programme and the control of the programme and the control of the control	

Fedli Name of Contributors	The second of th
Committee to elect John Low	_ 8/13/1/
5706 JONES LANE	_Date [MM//DD/YYYY]] \$\$
100 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	50 S Date [MM/DD/YYW] 25.
Full Name of Contributors Committee to Elect Carl Au	duson Date [MIM/DD/YYYY] \$ 50.00
House # Street Address	Date [MM/DD/YYYY]
Gity ERIC State Pa ZipiCode 163	Date [MM/DD/YYYY] 3
Peter Walzack	Date [Mivi/bb//YYYY] \$ /25.00
Peter Walzacke House # 1948 Street Address W- 12+4 St	Date [MM/DD/YYYY] 35
City ERIC State, Pr Zip.Code 165	O Date [MM/DD/YYYY] \$
Full Name of Contributor	Date[MW/DD/YYYW] \$
House# Street Address	Date [MIN//DD/XYXX) \$
City State Zip Code	Date (MIM/DD/XYYY)
Full Name of Contributor	[Date [MM/DD/YYYY] \$
HOUse # Street Address	Date (MM/DD/YYYY) \$
Gity State Zip Gode	-Date (MIVI/DD/YYYY) \$
Full Name of Contributor	Date [WW/DD/WYA] \$
House# Street Address	Date [MM/DD/YYYY] S
City State Zip Code	Date [MM/DD/YYYY]

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Alleraldentification Number:	
Qa oblum	

Eull Name of Contributors /	A		and the second problems are seen to respect to a self-fill the party.
LOCA	L 66 PAC CLUB	Date [MIM/DD/YYYY] S /0/26/17	200-00
111	Zeta De.	Date [MM/DD/YYYV] . \$	
Cliv Pittsburgh	State PA Zip Gode 1523	1	
The state of the s	10 Wright JR	Date [MM/DD/XYXX] .s.	200.00
	South Shore Dr.	Date [MM/DD////yy] \$	
ERIE ERIE	State PA ZipiCode 1650	2_ Date [MM/bb/YYYY] S	
	PON E. SUSMAPSKI	ADate:[MIM/DD/YYYY]: S	10000
House #1. 4036 Street Address	West Loke Rd	Date [MMI/DD/YYYYY] \$	
ERIE ERIE	State PA Zip Code 1651	Date [MIV/DD/WYYY] \$	
Full Name of Contributor		Pate [MIVI/bd//YYY] 35	andre angelije och et hav en men en gjale av et breve et av e
House ## Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] S	
FUII:Name of Contributor		Date [MM/DD/WYY] S	
House # Street Address		: Date:{MM/DD/YYYY] : \$\$	
(China and a shirt of discussion)	State Zip Code	Date (MINI/DD//YYYY) \$	
Full Name of Contributor.		Date [MM/DD/YYYY] 5	the tag is all the tag to tag to the tag to
House # Street Address		Date MM/DD/YYYM S	
Clty	State Zjp:Gode	Date [MM/DD/MYYY]	

Statement of Expenditures

Filer Identification Number:

To Whom Paid	Desantis	Slans	Silver System & Silver Head Silver	e de la companya de	Date [MM/DD/YYYY] 8 / 20 / 17	525.34
House # 540	street Address We		+# St	-	Description of Expenditu	erana .
CHY ERIE	State	PA	Zip Code	16502		
To Whom Paid	Ponu EN	PROSS		en e	Date [MM/DD/YYYY]	27.51
House's RUZ		Jest 2	J#		/O / / o / / 7 Description of Expenditu	
City ERIC	-State		Zip Gode	16505		
To Whom Paid	DeSANIS.	Signs		e of most commonly of the force of the enterior of the	Date [MM/DD//YYYY]	100.70
House # 540 Si	2007/05/4/2017/05/2017/05/07 POWER WE	18th S			Description of Expenditur	into.
City ERIC		PA	7.2	16502		
To Whom Paid	Desantis	Sign		e de un versant, une l'un avec service e	Date [MM/DD/YYYY]	nua u
House # 540 Si	reet Address W.				/0 /20 /17 Description of Expenditur	749,16
City ERI	- STATE CARREST AND ADDRESS OF THE PARTY OF	PA	Zip	16502		
To Whom Paid		A T		10302	, Date [MM/,DD//YYY/] + s	
House # St	reet Address	·			Description of Expenditur	
Gity	State	1000	Zip			
To Whom Paid			Code	n a partir e se di anno e e man e partir de se a casa	@Date [VIM/Jod/XXXX]	
House # St	reet-Address				Description of Expenditure	
City.	State		,Zip			
To Whom Paid		Secretarion of Control	Code		Pate (MIM/DD//Y/Y/)	
House # St	reet-Address				Description of Expenditure	
<u> </u>	(State)		Ziji	(Idage)		
To:Whom Paid		Consultation with the property and the second	Code	and as an individual of the second	Date MW/DD/WW) = S	
House# Sti	reet Address				Description of Expenditure	
Giiy	State		Zip	SAT CATA	Bright of Parend (III	
			Code		to 1960 of the continue to specify the second flow of the continue to 1970.	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Hilaribian Hilariba (Vumba)				
Pull Marile				
BECOME A CONTRACT OF A CONTRAC	eevAddress			
ety:		State	道p Gode	Date [MM/DD/YYYY] \$
			Code	Dates[MM//DD//YYAYA] \$
સિલ્લોને પ્રસન્તીમાં ભારત				
Full Name	eet/Address			
(City)	eevadaless 1	State) Žijo	NDate/IMM/DD/MYMM \$5
			Zip -Gode	Date [MM/DD/MMM] - S
सिक्कांचर विकासीम्बर्गाः 				
Full Mains Flouses:				
Lating Control	eet/Address	(State)	(7)0 (2)	Date MMWDD/WWW \$5
Clay		m	Zip Code	Date/[MM//DD///W///]
Reading Description				Research
Rull Verney				
Hovea # Sia	eet/Addiress			
City		State	Zjo «Gode	Date [MM/DD/AWW] \$
हिस्तर्सीहार भिन्छवानिर्मिकाः				
Rull Name				
	eer Address			
(chay		Shie	Zip. Gode	*Date*(MIM/DD/)YYYY1 *
रिखल्बीहर छिन्नखरीहरीहरू				
l Bull (Vame		***	v - v	
lilbuge:!! Str	eet/Address			
Gřiy	A STATE OF THE STA	State	₫ p €øde	(Seate [MIM/Jodd/AVXVI)
रिस्तवीं हुए विकलां विकास				
talah labih dari da sahiga da Sibit Kabu				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Affler Identification Number:			
2. UNDEXIMADINARIO CONTRIBUTIO	INSTRECTION OF SEC	01(010).(C	RILESS PER COMIR BUMOR
TOTAL for the reporting period	(1)	\$	
22 INHKIND CONTRIBUTIONS RECEMED	WWHIEROESSAMENIOSSEM	90/E	30 WEDARTIES
TOTAL for the reporting period	(2)	\$	
	VALUEOVIERS250100 (FROM	/I PAR	If(G))
TOTAL for the reporting period	(3)	\$	
		<u> </u>	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DO PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

मिति नार्वी कार्याकारीय तार्वे कार्या				
The state of the s				
from Nemero'r Controlou tor			Date (MM//DD/AAAA)) \$5	
(House## Sireer/Add	riress		Date MM/DD/AAAA/	
(Gfsy	State	Zip Code	Date [MIM/DD/AY/A/IP IS:	
perallinobolgolithpinob				
Full Name of Contributor			*Date([MIXI/DD/AYAW] \$	
House:://			(Date[[MM/(DD/mxxk]] ss	
Giv	State	⊠ip(côde	Date (MM//DD//YY/XX)	
Description of Contribution				
vernegirineSupemia/Hittl			(Date MIV//DD/AYAA) (\$	
(#D056/fi) Stroet/Add			Date [MM/DD//YXXVI]	
Chy	State	Zip.Code	Date[IMIM/IDP/AXXAA]] \$	
Description of Contribution			1 November 1 and 1	
FullNameoi.com/fibutor			Date [MIM//DD/XYYYM]; \$	
House∰ street/Ad	296 S. M. B. 425 M.	· ·	Date [MM/,DD/AYYY]	
City	State	iz[p:@de	Spater(MM/ppp//////d) SS	
व्यवस्थितिकार्यस्थात्रात्रीयस्थात्रा			Filtre and applying the and applying a service and a service and a service applying a service and a service and	
izeli (Vermeo) (con riibuter)	NAME OF THE PARTY		Date MINIMED/AYYAYI S	
(#Jouse## StreetsAdd		Talkana and an and an	Date MM/JDD/AYAYA)	
(Clay)	State	Zip(code)), c	Joane (MINI/Jop/MAAA)	

២៩១ក្រវច្ឆេស១វិថី១ជារៀងបើមា;

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

TO ADD A SHARED TO	 	
Exeller/Identification/Number/#si		
SEller Identification Number		
CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC		

FullName of Contributor >	Date (MIN/DD/MYYY) 5
House# Street-Address	Date [MM/DD/YYYY) \$5
Gity States Zip Code	Date (MM/DD/VYVV)
A Employer Name	(Occupation)
Hinployer Melling, Address, // Patholpel Place of Business	Description of Contribution
FUIIName of Contributor	Date [MM/DD//YYYY] \$
House# Street Address	Date MW/DD/YYYY] \$ \$
City State Zip Code	Date (MMVDD/YYYY), 3 S
Employer/Name	(Occupation
Employer Mailing Address // Principal : Riaceron Business	Description of Contribution
EullaNamelorsContributor	Date((MM)(DDY/MM))
HOUSE# Street Address	Date MM//DD//YYYY \$ \$
City Zip Code	Date (MM/DD/YYYY) 5
<u>EmployerName</u>	Occupation .
Temployer/Mailing/Address://Brincipal (Platerol:Business:	Description of Sontribution
RulliNameof: Gontributor	@Batei(MM/JDD/(YYYY)]
House ## Street Address	Pate/[MM//DD/AAYAA]
(Gity : Zip Code : :	Date [MM/\DD/\\\\\\\
EmployerName	Occupation.
lamploveAVAIIIng/Additess://Principal [Place of Business]	Description Of Gontribution

Statement of Expenditures

File Identification Number 4			
BISSENTIAL CONTRACTOR CONTRACTOR FOR A STANDARD CONTRACTOR CONTRAC			

Nro,WhomPaidi	Jette (Min/AddyAna/n))
Riouse# Street Addiress	ipescription of Expenditure
City State Code Code	
Tro/WhomiPardi	Date MMM/DD/AYAYA)
Gouse## StreetrAddress	Description of Expenditure
City State Gode	
To/Whom[Pa[d]	Date (MIV/ADD/AAAA/)
(#DUSE#) Street-Address	Description of Expenditure
Giry State Zip Gode	
TOW/homipatel	∂Date{(ΜΙΝΙ/ΑΒΟ/ΑΛΑΛΑΙ) S
House#: Street/Address	JDescription of Expenditure
Cliv/ States Zip Code	
To:WhomiPaid	(Pates MM/ADD/AYYAA) \$ \$
House#4 Street/Address	.Description of the property of the control of the
Gity State Zip Gode	
NoWhemPald:	(Date IMIM/PP/YYXY)
hlouse (i) Street Address	Description of Expenditure
Gity State: Zip: Gode:	
*Io/Whom(Paid).	Date MMM/DD/YMAM) SX
House# Street Address	Description of Expenditure
Gity State Zip Gode	Security Parket Parket And And
To/WhomPetd	(Date MM//DD//W/Yolk, S
Hiteuse 4 Street Address	Description of Expenditure
Code	



SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

alle acemateronivimises			
Nameoligicalior			@utstandingBalancerottDebit
(Housed): Surest Address		NDAMEIDEBILIMOURRED (IMIMADD)AAAAA)	
Gny	State	Ир Gode	
pearlistomot paps			
Name of Gradition		TOTAL PROPERTY OF THE PROPERTY	Outstanding Balanceroi Debt
Gity Street Address	/State	#PATEDEBT.INGURRED [IMIM/DP/YY/W4] #ZIP #Gode	
Description of Debis	The section is a section in the sect		
Name of Greeker			Outstanding Balance of Debt
House (2) Street Address	State (DATE DEBTANCURRED [MM/DD/WYY]: [Zip Gode	
ाण्डाचा है। जिल्लामा का का का जाता है। जन्म			W. S. Spirite and C. Hone Carlo
		DATE DEBUINGURRED)	(9.0) Standing Balance of Debt S
		{{\varphi \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	-
(Gity) (Description of Debt)	Strie	Zip Code	
Nemie di Greditor			yours and ingleatance of Debty
	State	DATE(DESTINGURRED) [[V]M/DD/AYAY] ZZD	
	r=tates	. <u>И</u> р - (Godje)	
(besq/j)ttopor/bebt			
Name of Graditor House (f) Street Address	EMPC/	DAME(DEBITINGURRED	
Gtty Desembition of the late	State	Zip. Gode	